

ADDRESS CHANGE FORM

2009-515-T

Mail, fax or scan and email a copy to:

S.C. Office of Regulatory Staff
 Transportation Department
 1401 Main Street, Suite 900
 Columbia, S.C. 29201
 (803) 737-0578
 FAX (803) 737-0815
 Email: cchauvi@regstaff.sc.gov

DATE: 3/31/11Please consider this my request for an **Address Change** of the following certificate:

- ☐ Class C Taxi Certificate Number _____
- ☐ Class C Charter Certificate Number _____
- ☐ Class C Charter Bus Certificate Number _____
- ☐ Non-Emergency Certificate Number _____
- ☒ Class E Household Goods Certificate Number 9780
- ☐ Class E Hazardous Wastes Certificate Number _____

JEREMY GODING,
 GODING & FISH LLC DBA SURELOAD MOVING

Name of Company (Include DBA if applicable)

I am changing my: ☐ Street Address ☐ Mailing Address ☒ Both1005 VON KOLNITZ RD

New Street Address

MT PLEASANT SC 29464

City, State, Zip Code for Street Address

1005 VON KOLNITZ RD

New Mailing Address

MT PLEASANT SC 29464

City, State, Zip Code for Mailing Address

843-971-1779

Telephone Number



Signature

VICE PRESIDENT

Title (President, Owner, etc.)